



■ **Michigan Medical Marihuana Program Update**

The Medical Marihuana Act ballot proposal was passed by Michigan voters on November 4, 2008 and was effective December 4, 2008. In accordance with the Act, administrative rules had to be promulgated 120 days after the December 4, 2008 effective date or by April 4, 2009. The final draft administrative rules were effective on April 4, 2009 and the program began accepting applications on April 6, 2009.

Below are some interesting statistics regarding the Michigan Medical Marihuana Program. To date:

- A total of 214,209 original and renewal applications have been received as of December 31, 2011.
- More than 131,300 patient registrations have been issued.
- Approximately 22,100 applications have been denied. (Most of the denials were due to incomplete applications or missing documentation.)
- The Michigan Medical Marihuana Program staff is currently processing original applications received in January 2012.

Application forms and additional information regarding the Michigan Medical Marihuana Program can be found on the Michigan Medical Marihuana Program website at www.michigan.gov/mmp.

■ **Continuing Education What You Need to Know**

Many health professionals who hold a Michigan license, also hold a license in another state or oftentimes, in numerous states. Some of these health professionals have even retired from their profession but for various reasons have opted to continue renewing their Michigan license.

This will serve as a reminder to all of our licensees that regardless of your personal circumstances, you must complete the required continuing education for your profession prior to submitting your license renewal.

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■ **Rae Ramsdell Appointed Director of Bureau of Health Professions**

Effective Monday, October 17, 2011, Rae Ramsdell was appointed Director of the Bureau of Health Professions (BHP) by Department of Licensing and Regulatory Affairs (LARA) Director Steven H. Hilfinger.

Ramsdell has served in various capacities within BHP since 1999 and has been employed by the State of Michigan for slightly more than 30 years. For the past several months, she has served as acting bureau director and prior to that, she held key leadership positions within BHP as the Licensing Division director and the Regulatory Division director.

In Director Hilfinger's announcement regarding Ramsdell's appointment, he commented "... that Rae and her team are up to the challenge of providing the best customer service and efficiency possible! It is an honor that we can promote leaders from within so they can advance their professional goals and make LARA the best it can be."

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■ **Licenses/Registrations Must Now Be Renewed Online** **Do We Have Your Current Mailing and Email Addresses On File?**

Effective January 1, 2011, licenses and registrations must be renewed online at www.michigan.gov/elicense. A renewal notice will be mailed to your address of record approximately 60 days prior to the expiration date of your license or registration. The renewal notice will include information about how to renew your license online. The online renewal website has been available for the past several years and more and more licensees and registrants have been taking advantage of its convenience by renewing online. It's available 24/7 and payment can be made by either a Visa or MasterCard credit card or by e-check. If an individual holds a professional license and a controlled substance license, both licenses can be renewed online but it is a separate online renewal process for each license.

To avoid paying a late fee, you must renew your license online on or before the date it expires. You can still renew online if you are within the 60-day grace period after your license expires but you will be required to pay the renewal fee plus a \$20 late fee. If your license expired more than 60 days ago, you must apply for relicensure. Regardless of whether or not you receive a renewal notice, it is your responsibility under Section 333.16201(1) of the Public Health Code to renew your license or registration prior to the expiration date.

This is also an appropriate time to remind licensees and registrants of the importance of keeping your address of record up-to-date to ensure that you receive renewal notices and any other documents that are mailed to licensees or registrants. Do we have your current address on file? Please remember under Section 333.16192(1) of the Public Health Code, it is your responsibility to notify the Bureau of Health Professions of any name or address change within 30 days after the change occurs. You can change your address online too. You also have the option of providing us with your email address. In the event we have important information to share regarding a particular profession, we have the ability to send out mass emails to those licensees or registrants. Please take a moment to either provide your email address or to update the email address we have on file for you at www.michigan.gov/elicense.

WHAT YOU NEED TO KNOW

Question & Answer Corner



Are there peak times or days to avoid when calling the Bureau of Health Professions?



The customer service staff in the Bureau of Health Professions (BHP) fields between 500-600 phone calls each workday from applicants, licensees and registrants, the general public, etc.

While our staff strives to provide excellent customer service to each caller, we sometimes must place our callers on hold due to the large volume of calls being received at once. The next time you need to call us, please note our phone lines are usually very busy on Mondays or the first workday after a holiday. Our call volume also tends to be busy in the morning and right after the lunch hour. By not calling during these particularly busy time frames, you may avoid being placed on hold for an extended period of time.

You may even be able to completely eliminate a long-distance charge by going to our website at www.michigan.gov/healthlicense. The BHP website has a wealth of information regarding each of our licenses and registrations, the complaint process and other information.

If you can't locate what you are looking for on our website, please call us at (517) 335-0918 or email us at bhphelp@michigan.gov. We are here to help!

CONTACTING BHP

By Mail: Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909-8170

By Phone: (517) 335-0918
(517) 241-9427 (License Verification)

Website: www.michigan.gov/healthlicense

HealthLink is a biannual publication of the Department of Licensing and Regulatory Affairs (LARA) — Bureau of Health Professions. Statements and opinions appearing in this newsletter are not necessarily those of the Bureau of Health Professions.

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Governor, State of Michigan

Steven H. Hilfinger
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Readers' comments are invited. Please email comments and suggestions to the editor at: menoskyw@michigan.gov or write to: HealthLink Editor, BHP, P.O. Box 30670, Lansing, MI 48909.

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■ **Physical Therapy Profession Update**

Public Act 55 of 2009 amended the Public Health Code resulting in several changes to the physical therapy profession. To review the law in its entirety, go to the Michigan Legislature website at www.legislature.mi.gov. Below are the highlights of this legislation:

Full Physical Therapist Assistant License: The Physical Therapy administrative rules were effective November 29, 2010 and the full physical therapist assistant license application is now available. This application packet can be downloaded by going to the Bureau of Health Professions (BHP) website at www.michigan.gov/healthlicense, clicking on the Physical Therapy tab on the left-hand side of the page and scrolling down to the Forms and Applications box. You can also email us at bhphelp@michigan.gov to request that an application packet be mailed to you.

Initial Licensure and Renewal Fees Have Been Increased: As noted below, the law provides for an increase in the initial license and renewal fees for physical therapists and physical therapist assistants for the 2-year license cycle:

New Fees for Physical Therapy Profession	
• Physical Therapist by Exam/Endorsement	\$135
• Physical Therapist Renewal	\$180
• Physical Therapist Assistant by Exam/Endorsement	\$135
• Physical Therapist Assistant Renewal	\$180

Professional Development Requirements: Public Act 55 of 2009 requires licensees to complete professional development requirements (commonly known as continuing education) during the 2-year license cycle. While the Board of Physical Therapy will address specific professional development requirements through the administrative rules process, it is important to briefly explain the licensee's responsibility once the administrative rules are developed and filed. This won't be implemented until the administrative rules are in place. Approximately 60 days before a license expires licensees will receive a renewal notice at their address of record. When licensees renew online at www.michigan.gov/healthlicense, he/she must verify the professional development requirement has been completed during the 2-year license cycle. If a licensee checks "yes" and is subsequently randomly audited, he/she will be required to produce completion certificates or other required documentation to verify their "yes" answer. If these documents cannot be produced, an administrative complaint will be filed against your license that could result in a permanent sanction against your license. It is critically important to complete your professional development requirements during the 2-year license cycle and to retain your proof for one year beyond your licensure period. Information regarding professional development will be posted on the BHP website at www.michigan.gov/healthlicense as soon as it is available.

Board of Physical Therapy: The composition of the Board of Physical Therapy has been changed and is now comprised of six licensed physical therapists, one licensed physical therapist assistant and four public members.

Additional information regarding the licensure and regulation of physical therapists and physical therapist assistants can be found on the BHP website at www.michigan.gov/healthlicense and clicking on the Physical Therapy tab on the left-hand side of the page.

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■ **Administrative Rules Update**

Two of our licensing boards, the Board of Massage Therapy and the Board of Dietetics and Nutrition, are working on administrative rules to implement their licensing programs.

The Board of Acupuncture administrative rules were effective on March 10, 2011 and the licensing program was rolled out in April 2011.

The Board of Speech-Language Pathology administrative rules were effective on December 7, 2011 and the licensure of speech-language pathologists will now begin.

Other activity regarding administrative rules is listed below by board:

Chiropractic: Administrative rules that update continuing education requirements and implement new legislation expanding the scope of practice of chiropractic were effective on November 2, 2011.

Dentistry: Administrative rules are being drafted to update requirements regarding the use of anesthesia, to implement legislation requiring all dentists who discharge dental amalgam to install amalgam separators, and to allow continuing education credit for volunteer activities.

Counseling: Administrative rules are in process to make some general updates with regard to educational standards and licensure requirements.

Marriage and Family Therapy: An administrative rule revision is in process to allow individuals to take the licensure examination prior to completing the required hours of supervised practice.

Nursing: The Board of Nursing is in the early stages of reviewing administrative rules for needed updates and amendments.

Nursing Home Administrators: Administrative rules are in process that will require a bachelor's degree by 2025 in order to become licensed as a nursing home administrator.

Occupational Therapy: Administrative rules are being amended to remove references to "registration" and include appropriate references to "licensure," as licensure is now required. Other general updates are also being made.

Optometry: Administrative rules were updated effective May 14, 2010 to be consistent with current administrative policy and to update educational standards.

Pharmacy: General updates are being worked on and are in the drafting stage.

Pharmacy – Animal Sedation: Administrative rules are being drafted to implement legislation that provides requirements for animal sedation by animal control and animal protection shelters.

Physical Therapy: Administrative rules to implement the licensure program for physical therapist assistants and establish requirements for supervision were effective November 29, 2010.

Physician's Assistants: Administrative rules are being drafted to update general provisions, establish requirements for continuing education and to implement new legislation expanding the scope of practice for physician's assistants.

Podiatry: Administrative rules are being drafted to provide general updates and clarification of requirements for continuing education.

Psychology: Administrative rules are being drafted to establish requirements for continuing education.

Respiratory Care: Administrative rules are being drafted to establish requirements for continuing education.

Veterinarians/Veterinary Technicians: Administrative rules that update educational standards and provide for other general updates were effective February 23, 2011. Administrative rules are currently being drafted to establish continuing education requirements.

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■ **August 2010 Conference for Public Health Nurses**

In August 2010, the Michigan Department of Community Health (MDCH) Office of the Chief Nurse Executive and the Michigan Public Health Training Center (UM-SPH) sponsored a conference for Public Health Nurses that focused on the Affordable Care Act (ACA) of 2010. A national nursing leader, Dr. Brenda Cleary, presented information about the ways in which the ACA will affect nurses, and MDCH leadership spoke about Michigan's implementation of the healthcare reform law. Nurses were urged to assist their patients and communities to understand the new healthcare reform law. A factual ACA brochure for nurses, plus information sheets for seniors, adults, and the parents and guardians of children were distributed. These documents, which are available to healthcare professionals and the public, may be downloaded by going to www.micnwp.org/publications.html.

■ **MDCH Task Force on Nursing Practice**

The Michigan Department of Community Health (MDCH) convened a Task Force on Nursing Practice (TFNP) on December 6, 2010 to focus on modernization of practice with respect to policy, regulation and legislation. The TFNP seeks input from Michigan's licensed nurses about issues important for the task force to consider. If you would like to provide your issues and ideas for the improvement of nursing care for Michigan's citizens, please complete the TFNP Issue Form on the website for the Coalition of Michigan Organizations of Nursing (www.micomon.org). You can complete the form and fax or mail it to the staff of the task force for consideration. You may also learn more about the TFNP at www.michigan.gov/mdch/ocne.

■ **Confidential Pharmacy Directory Available to Practitioners for Patient Referral**

The State of Michigan Advisory Committee on Pain and Symptom Management, housed in the Bureau of Health Professions (BHP), wants to ensure that patients who suffer from chronic pain have reliable and ongoing access to pharmacies that can fill valid Schedule 2 controlled substances prescriptions. Based on a recommendation from the



Committee, BHP Pain Management and Palliative Care Program and the Michigan Automated Prescription System (MAPS) surveyed Michigan pharmacies in an effort to compile a confidential list of pharmacies that stock supplies of Schedule 2 controlled substances. The survey response was excellent and many Michigan pharmacies were willing to be included in this confidential list. The list has now been compiled and formally titled the *Pharmacy Directory*, which will be provided to practitioners to enable them to refer their patients to pharmacies that supply Schedule 2 controlled substances in the patient's geographical area. This will ensure patients have access to medication that is required for pain relief.

The confidential *Pharmacy Directory* will be available to practitioners only through MAPS Online – the electronic prescription monitoring program for the State of Michigan. MAPS is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substance prescriptions dispensed by pharmacies and practitioners. Collection of this prescription information allows practitioners to query this data for patient-specific reports and review a patient's Schedule 2-5 controlled substance prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers. MAPS provides practitioners with ease of mind when prescribing controlled substances for their patients, is instrumental for those physicians who treat patients with chronic and long-term pain conditions and assists with effective pain management.

A link to the *Pharmacy Directory* is located on the MAPS user home page. For those practitioners who are not currently registered to use MAPS, please visit the MAPS website at www.michigan.gov/mimapsinfo for registration information or email MAPS staff at mimapsinfo@michigan.gov.

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■ **Michigan Automated Prescription System (MAPS) New Initiatives May Help Curb Controlled Substance Prescription Abuse**

The Michigan Automated Prescription System (MAPS) is the prescription database for Schedule 2-5 controlled substance prescriptions. It is available 24/7 and is free of charge to all practitioners located within or outside the state of Michigan. In 2010, more than 18.8 million prescriptions were reported to MAPS and 31.3 percent were for Hydrocodone combination drugs that most often include Acetaminophen (Tylenol).

New initiatives regarding the MAPS Program have either been implemented or are in the process of being developed. A brief description regarding each initiative is listed below for your information:

- An interstate data exchange program is in the process of being developed that will allow practitioners to request data from other states directly through MAPS. It should be operational with several states sometime in 2012. Once it is information will be posted within the MAPS database as well as on the MAPS website at www.michigan.gov/mimapsinfo.
- A \$20,000 grant was received from the National Association of State Controlled Substance Authorities (NASCSA) based on a donation from Purdue Pharma, a pharmaceutical company located in Stamford, Connecticut. This grant has allowed for the automation of the existing doctor shopper notification program within the MAPS Program. Prior to receiving this grant, MAPS staff manually prepared 250 to 300 notifications per month when patients were detected to be doctor shopping above a certain threshold. Doctor shopping is defined as the practice of misleading several prescribers in order to obtain multiple, improper prescriptions. Now that the new automated letter process is in place, MAPS staff can mail approximately 1,500 notifications each month to prescribers. A survey is also included in each mailing regarding the disposition of the patient that the prescriber is asked to complete and return to the MAPS Program.
- In 2009 and 2010, the MAPS Program received grants totaling more than \$382,000 from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. These grants were awarded for the implementation of an intervention program with patients who have been detected and appear to be in the early stages of abuse and/or addiction based on MAPS data. The intervention program involves MAPS staff generating monthly reports of individuals who have been detected and appear to be doctor shoppers. These monthly reports are reviewed by MAPS staff and selected reports are forwarded to social workers employed by regional substance abuse coordinating agencies that are overseen by the Michigan Department of Community Health Bureau of Substance Abuse and Addiction Services. MAPS staff also mail introductory letters to the treating physicians indicating that a social worker will be in contact with them regarding the intervention program. Currently, only patients and physicians in Livingston and Washtenaw counties are being contacted regarding enrollment in this intervention program. However, more counties could be added in the future if additional funds become available. Approximately 20 patients are now enrolled in the intervention program and while this number may be low, there are far reaching consequences as most of these patients have other legal, family and employment issues that can indirectly affect hundreds of other individuals.



Watch for updates on these important intervention initiatives in future issues of *HealthLink*. For additional information regarding MAPS, please visit the MAPS website at www.michigan.gov/mimapsinfo.

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For those licensees who are no longer practicing and do not wish to complete the required continuing education in order to renew, you may simply allow your license to lapse. However, please remember that if you do choose to renew your license but do not complete the required continuing education, you could face disciplinary action.

The continuing education process is straightforward. Approximately 60 days before a license expires, the Bureau of Health Professions (BHP) sends a renewal notice to the licensee's address of record. When the licensee goes to the online renewal website at www.michigan.gov/elicense, they will be asked to indicate if the required continuing education has been completed. If it has not been completed, there is a 60-day grace period after the expiration date in which to complete it. **Do not submit your renewal notice until the continuing education is completed.** If a licensee submits their online renewal notice and indicates the required continuing education has not been completed, BHP will send a letter requesting proof of completed continuing education. All continuing education proof is carefully reviewed for dates of completion and the number of hours awarded. Please remember that continuing education credits from one license period cannot be saved for the next cycle; it is in your best interest to carefully monitor completion of the correct continuing education for your particular profession.

Approximately 90 days after the expiration date, BHP generates a list of individuals who renewed their licenses. A sample of these individuals is randomly selected from the list. These individuals are then asked to verify the continuing education they completed during their last licensure period. All of the courses should be approved programs and completed within the license period. All continuing education completion certificates or proof of attendance records must be kept for up to one year beyond the licensure period. If the license is good for three years, you must save your proof for four years. If you are selected in the sample, you will receive a letter requesting that you submit documentation of the continuing education you completed in the licensure period. You will have 30 days to submit the materials requested. If you fail to respond to our first request, you will receive, within ten days, a second letter requesting proof of completion of your continuing education. If you still fail to respond, your file is sent to the BHP Health Regulatory Division. At this point, you are considered in violation of the Public Health Code. If you do not submit the required proof of completion of your continuing education at this stage of the process, a complaint will be filed against your license. The penalty for most boards is a monetary fine, probation and completion of the missing continuing education in addition to that which is required for the current license cycle. This is a permanent sanction on your licensure record and any requests for the status of your license will include a record that you have been disciplined.

Please remember the laws regarding continuing education requirements do not distinguish between active and inactive licensees. As long as you retain your license, regardless of whether or not you practice in Michigan, you are subject to the continuing education requirements for your profession. For detailed information regarding continuing education requirements for each profession, please go to the BHP website at www.michigan.gov/healthlicense and click on the appropriate tab for your profession on the left-hand side of the page.

■ **Criminal Sexual Conduct Bills Signed into Law**

On November 15, 2011 Gov. Snyder signed into law Senate Bill 235 and House Bills 4411 and 4412.

- Public Act 222 (Senate Bill 235) amends the Public Health Code to allow for the permanent revocation of a license or registration of a health care professional who is convicted of 1st, 2nd or 3rd degree criminal sexual conduct (CSC) while acting within the health care profession he or she is licensed or registered.
- Public Act 223 (House Bill 4411) amends the Public Health Code to provide that a previous licensee or registrant is ineligible to apply for reinstatement if his or her license or registration has been permanently revoked for 1st, 2nd or 3rd degree CSC.
- Public Act 224 (House Bill 4412) amends the Public Health Code to categorize a conviction of 1st, 2nd or 3rd degree CSC separately from a conviction of 4th degree CSC or assault with intent to commit CSC in the list of grounds for sanctions considered against licensed or registered health care professionals.

Public Acts 222, 223 and 234 are effective immediately and can be accessed on the Michigan Legislature website at www.legislature.mi.gov.

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■ **Free Online Webinar on Licensing, Regulation and Professionalism Available to Physicians Coming Soon for Nurses!**

The Bureau of Health Professions (BHP) now offers a 3-part training webinar for medical students, residents and physicians titled *Licensing, Professionalism and the Regulatory Process*. The webinar contains three modules with straightforward information about licensure, the regulatory process and professionalism. Also included is information about valuable resources available through BHP such as the Michigan Automated Prescription System (MAPS), the Health Professional Recovery Program and a variety of resources regarding various professional practice issues.

In a 2007 survey of 126 medical schools conducted by the Association of American Medical Colleges, more than 12,000 medical school graduates were questioned if they received adequate training in matters of licensure, regulation and professionalism. Nearly two-thirds of respondents indicated their training in these issues was inadequate. Because of studies like these, BHP developed a training webinar on these important topics based on a template developed by the Federation of State Medical Boards. Since the webinar was completed in September 2010, more than 700 individuals have viewed it online.

This webinar can be accessed via the BHP website at www.michigan.gov/healthlicense. We also have a staff member in BHP's Professional Practice Section, Doreen Lyman, who is available to professional organizations, medical schools and residency programs to present this information. She can be contacted at lymand@michigan.gov or by phone at (517) 241-1181.

Please watch the BHP website for a similar training for nurses that is scheduled for release in 2012.

■ **Nurses Must Request Verification of Licensure Via NURSYS®**

Effective October 3, 2011, Michigan's nursing licensure program utilizes NURSYS® electronic license verification system. Michigan-licensed RNs and LPNs who are applying for licensure in another state should contact Nursys at www.nursys.com to have their Michigan license verified. A fee will be charged for that verification. If you have questions about Nursys, please contact them toll free at (866) 819-1700.

If you hold a Michigan RN license and a specialty license (nurse practitioner, nurse midwife or nurse anesthetist), you must obtain your verification from the Michigan Board of Nursing. You may submit your request in writing to LARA/BHP, Verifications, PO Box 30670, Lansing, MI 48909 along with the \$15 fee (check or money order payable to the State of Michigan) for certification processing. Include your name as it appears on your license, license number and the name and address of the state board to which the certification should be sent. Normal processing time is 20-30 business days.

■ **Registered Nurse Specialty Certification**

Did you know that in order to practice in Michigan as a nurse practitioner, nurse anesthetist or nurse midwife, these health professionals must hold a separate Michigan nurse specialty certification license in addition to having an active registered nurse license? There are currently more than 7,000 registered nurses who hold one of these nurse specialty certifications. Listed below is the breakdown among the three available nurse specialty certifications in Michigan:

- Nurse Practitioners: 4,348
- Nurse Anesthetists: 2,556
- Nurse Midwives: 330

For additional information regarding nurse specialty certification requirements, please go to the Bureau of Health Professions website at www.michigan.gov/healthlicense and click on the Nursing tab on the left-hand side of the page.

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■ **Board of Chiropractic Rules Update**

On November 2, 2011, the revised administrative rules for the Board of Chiropractic took effect. These revised administrative rules do the following:

- Clarify the requirements for licensure by examination and licensure by endorsement.
- Update accreditation standards for chiropractic educational programs.
- Provide a definition for “distance learning” continuing education programs and specify the number of continuing education hours that can be earned through distance learning programs.
- Increase the number of continuing education hours required for relicensure.
- Require that chiropractic schools submit information to the Bureau of Health Professions (BHP) regarding the continuing education programs being offered by the school. Also, chiropractic schools are required to submit the information at the start of the academic year and prior to holding the program.
- Specify the information a licensee is required to include in an initial patient record entry and subsequent patient record entries.

The revised administrative rules also implement the requirements of Public Acts 221 and 223 of 2009 that expanded the scope of practice for chiropractors by doing the following:

- Require that licensees complete continuing education hours in the areas related to the expanded scope of practice as a condition for license renewal.
- Establish requirements for the performance and ordering of tests and the approval of adjustment apparatus and analytical instruments under the expanded scope of practice.
- Establish requirements for the performance of an invasive procedure involving a body orifice or cavity.

Additional information can be found on the BHP website at www.michigan.gov/healthlicense.

■ **Gov. Snyder Establishes Advisory Rules Committees (ARC)**

In early 2011, Gov. Snyder created the Office of Regulatory Reinvention (ORR) in order to increase the efficiency and effectiveness of Michigan’s regulatory environment. The primary mission of the ORR is to work with the various state departments to amend duplicative, obsolete, unnecessary or unduly restrictive rules.

The ORR has formed several Advisory Rules Committees (ARC) to review various sets of administrative rules that have been promulgated by all state departments. The ARC charged with reviewing the administrative rules for health professionals is called the Occupational Licensing Advisory Rules Committee and is comprised of 12 members, including Rae Ramsdell, director of the Bureau of Health Professions.

Much progress has been made during the review process. Please look for detailed information regarding the final recommendations submitted to the governor by the Occupational Licensing Advisory Rules Committee in a future issue of *HealthLink*.

■ **Licensure of Speech-Language Pathologists**

The administrative rules for the licensure of speech-language pathologists were filed with the Secretary of State on December 7, 2011. Applications for licensure can now be downloaded by going to the Bureau of Health Professions website at www.michigan.gov/healthlicense and clicking on the Speech-Language Pathology tab on the left-hand side of the page. If you would prefer to have an application packet mailed, you may email us at bhphelp@michigan.gov. Please be sure to include your name and mailing address in your email.

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■ ***Scope of Practice Bill for Physician's Assistants Signed***

Public Act 210 of 2011 was signed into law by Gov. Snyder and was filed with the Secretary of State on November 8, 2011. This law amends the Public Health Code and expands the scope of practice for a physician's assistant (PA) as outlined below. It is important to note that when this legislation (Senate Bill 384) was originally introduced in the Senate, it also expanded the scope of practice for nurse practitioners. However, the substitute bill passed by both the Senate and the House deleted all references regarding nurse practitioners and the bill ultimately signed into law by the governor expands the scope of practice only for PAs.

Some highlights from the bill are:

- Sections 333.17048(6) and 333.17548(6): A supervising physician may delegate in writing to a PA the ordering, receipt and dispensing of complimentary starter dose drugs including Schedule 2-5 controlled substances. When the delegated ordering receipt or dispensing of complimentary starter dose drugs occurs, the names of both the PA and the supervising physician must be used, recorded or otherwise indicated in connection with each order, receipt or dispensing. When the delegated ordering, receipt or dispensing of complimentary starter dose drugs that are included in Schedule 2-5 occurs, the DEA registration numbers of both the PA and the supervising physician must be used, recorded or otherwise indicated in conjunction with each order, receipt or dispensing.
- Section 333.17049(6) and Section 333.17549(6): A physician is no longer required to sign an official form that lists the physician's signature as the required signatory if that official form is signed by a PA to whom the physician has delegated the performance of medical care services.
- Section 333.17076(2): A PA may make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities without restrictions on the time or frequency of visits by the physician or the PA.
- Section 333.17076(3): A PA may prescribe drugs as a delegated act of a supervising physician including Schedule 2-5 controlled substances. When delegated prescription occurs, the names of both the PA and the supervising physician must be used, recorded or otherwise indicated in connection with each individual prescription so that the individual who dispenses or administers the prescription knows under whose delegated authority the PA is prescribing. When the delegation of prescribing Schedule 2-5 drugs occurs, the DEA registration numbers of both the PA and the supervising physician must be used, recorded or otherwise indicated in connection with each order, receipt or dispensing.
- Section 333.17076(4): A PA may order, receive and dispense complimentary starter dose drugs including Schedule 2-5 controlled substances as a delegated act of a supervising physician. When the delegated ordering, receipt or dispensing of complimentary starter dose drugs occurs, the names of both the PA and the supervising physician must be used, recorded or otherwise indicated in connection with each order, receipt or dispensing so that the individual who processes the order, delivers the complimentary starter dose drugs or to whom the complimentary starter dose drugs are dispensed knows under whose delegated authority the PA is ordering, receiving or dispensing. When the delegated ordering, receipt or dispensing of complimentary starter dose drugs included in Schedule 2-5 occurs, the DEA registration numbers of both the PA and the supervising physician must be used, recorded or otherwise indicated in conjunction with each order, receipt or dispensing.
- Section 333.17745(7)(d) and Section 333.17757(6)(h): If prescription drugs are dispensed under the prescriber's delegatory authority, the dispensing prescriber and pharmacist must include the name of the PA on prescription labels and receipts.

To read Public Act 210 of 2011 in its entirety, please go to the Michigan Legislature website at www.legislature.mi.gov.

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■ **We've Moved!**

We've moved — departments that is! In accordance with Gov. Snyder's Executive Order 2011-4, the Bureau of Health Professions (BHP) is now part of the new Department of Licensing and Regulatory Affairs (LARA) effective April 25, 2011. The BHP was formerly housed in the Michigan Department of Community Health (MDCH).

While we may have moved to a new department, the BHP mission remains the same: “. . . to protect and preserve the health, safety and welfare of the citizens of Michigan by supporting a qualified healthcare workforce through the licensing, professional development and regulation of health professionals.”

You will still find us at www.michigan.gov/healthlicense and can continue to email us at bhpinfo@michigan.gov.



REMINDER—Many Online Services Are At Your Fingertips!

- | | |
|-----------------------------|--|
| • Main Website: | www.michigan.gov/healthlicense |
| • Application Status: | www.michigan.gov/appstatus |
| • Online Change of Address: | www.michigan.gov/elicense |
| • Online Renewal: | www.michigan.gov/elicense |
| • Verify a License: | www.michigan.gov/verifylicense |
| • MAPS | www.michigan.gov/mimapsinfo |

